

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16397

State File No.

Registrar's No.

4899

FILED JUN 9 1943 318

Registration District No.

Primary Registration District No.

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME William Mack Merry

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Merry 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 17, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 10 hr. min.

9. Birthplace Bond County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer11. Industry or business Farming12. Name David W. Merry

13. Birthplace Bond County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances Shaul
(City, town, or county) (State or foreign country)

15. Birthplace Bond County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Merry
(b) Address Greenville, Illinois

17. (a) Removal (b) Date thereof 5/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) MAY 27 1943 (b) J. P. Bridgman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Bond
(c) City or town Greenville (If outside city or town limits, write "RURAL")
(d) Street No. Rural Route (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 25, 1943, to May 27, 1943
that I last saw him alive on May 27, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death heart failure Duration

Due to arteriosclerotic heart disease and

Due to hypertensive cardiac vascular disease

Other conditions hypertrophy of prostate
(Include pregnancy within 6 months of death) benign

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) _____
(c) Means of injury _____

23. Signature M. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 5/27/43

MAR 16 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.